



**Application for
AMERICAN FISHERIES ACT (AFA)
INSHORE PROCESSOR PERMIT**

United States Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service, Alaska Region
P.O. Box 21668
Juneau, Alaska 99801



BLOCK A – AFA INSHORE PROCESSOR INFORMATION

Are you applying for a cooperative processing endorsement on the AFA inshore processor permit? YES NO
If YES, complete Block E.

Indicate type of permit requested: Restricted processor Unrestricted processor

BLOCK B – STATIONARY FLOATING PROCESSOR INFORMATION

1. Stationary Floating Processor Name

2. ADF&G Processor Code

3. U.S. Coast Guard Documentation Number

4. Federal Processor Permit Number

5. Gross Tons

6. Shaft Horsepower

7. Registered Length (Feet)

8. Onboard Business Telephone Number

9. Onboard Business FAX Number

10. Onboard Business E-mail Address

BLOCK C – SHORESIDE PROCESSOR INFORMATION

1. Shoreside Processor Name

2. ADF&G Processor Code

3. Federal Processor Permit Number

4. Business Telephone Number

5. Business FAX Number

6. Business E-mail Address

BLOCK D - OWNERSHIP INFORMATION

1. Owner Name(s) and Signature(s)

2. SSN (voluntary) or Tax ID Number

PRIVACY ACT STATEMENT: Your social security number is confidential and is protected under the Privacy Act. Disclosure of your Social Security Number (SSN) is voluntary. The primary purpose for soliciting the social security number is to provide a unique identifier to verify the identity of the applicant(s) for issuance of a federal fishery permit and to avoid inappropriate release of confidential records related to federal commercial fishery permits. In the event it is not provided, NMFS will assign a unique code that will identify your records.

3. Business Mailing Address (Street or box, city, state, zip code)

4. Business Telephone Number

5. Business FAX Number

6. Business E-mail Address

7. Managing Company, if any

BLOCK E - AFA CRAB FACILITY OWNERSHIP INFORMATION

Attach additional sheets, if necessary, to list all entities and facilities.

Complete this block if you are applying for a cooperative pollock processing endorsement. This requirement is necessary because NMFS must identify and issue crab processing restrictions to any AFA entity that owns or controls an AFA inshore processor that receives pollock harvested by a cooperative.

Note: if any of the information in Block E changes, submit an amended application to NMFS, RAM within 30 days of the date of the change.

1. Facility Name

2. ADF&G Processor Code (F __)

3. Type of Facility

Shoreside processor

Mothership

Other operation (Describe)

Stationary floating processor

Catcher/processor

4. List the percentage of ownership or control and describe the nature of the interest in each AFA crab facility that is affiliated with the AFA entity that owns or controls the AFA inshore processor;

CERTIFICATION

I authorize public release of the 1995, 1996, 1997, and 1998 total processing history of each BSAI king and Tanner crab species.

Printed Name & Signature:

Complete this block if you are applying for a cooperative pollock processing endorsement. This requirement is necessary because NMFS must identify and issue crab processing restrictions to any AFA entity that owns or controls an AFA inshore processor that receives pollock harvested by a cooperative.

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I authorize public release of the 1995, 1996, 1997, and 1998 total processing history of each BSAI king and Tanner crab species.

Printed Name & Signature:

Please mail completed application to:

NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668

If you need additional information, contact RAM at 1-800-304-4846 or 907-586-7202.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sustainable Fisheries, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the American Fisheries Act; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of all persons seeking to participate in the groundfish fisheries under authority of AFA; 5) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 6) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.